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TRANSMITTAL FORM

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/086,782
		Filing Date	Feb 28, 2002
		First Named Inventor	Colrain, Carol
		Group Art Unit	Unassigned
		Examiner Name	Unassigned
Total Number of Pages in This Submission	5	Attorney Docket Number	007.0191.01

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
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<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Law Offices of Patrick J.S. Inouye
Signature	
Date	APR 10 2002

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: **APR 10 2002**

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APR 18 2002

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

Application Number	10/086,782
Filing Date	2/28/2002
First Named Inventor	Colrain
Group Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	007.0191.01

To: Assistant Commissioner for Patents
Washington DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are: Per client request.

1. The correspondence address is NOT affected by this withdrawal.
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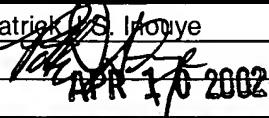
<input checked="" type="checkbox"/> Firm or Individual Name	Hickman, Palermo, Truong & Becker			
Address	1600 Willow Street			
City	San Jose	State	CA	Zip 95125
Country	USA			
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This request is made on behalf of:

- all the attorneys/agents of record
- the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- the attorneys/agents associated with Customer Number 22895

This request is enclosed in triplicate (including any attachments).

SIGNATURE OF ATTORNEY/AGENT

Name	Patrick J. S. Inouye
Signature	
Date	APR 18 2002

NOTE: Withdrawal is effective when approved rather than when received.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extensive period, the request to withdrawal is normally disapproved.